

# Kansas Department of Agriculture

## Application for Tuition Assistance

Directions: The employee should complete both pages of this form and sign it. The form should be reviewed and signed by: 1) The employee's supervisor, 2) the employee's KDA Program Manager, 3) the Director of Personnel, 4) the Secretary of Agriculture.

<b>Name</b>	<b>Employee ID</b>	<b>Title</b>
<b>Program</b>	<b>Education Institution</b>	
<b>Work Phone</b>		

I am a permanent: full time employee ☐

Course(s)		Starting & Ending Dates		# of Credit	
Code	Title	(mm/dd/yy)		Hours	Tuition

1. Attach an explanation of how the course(s) directly and specifically falls within the scope of the agency operations or reasonably contributes to KDA's mission. **Please attach course description from school's catalog or syllabus.**

2. Conditions: the employee must read, sign, and date the Agreement on page two. The Agreement must then be signed by the 1) employee's supervisor, 2) the employee's program manager, 3) the Director of Personnel, 4) and the Secretary of Agriculture. Each signature must accompany a recommendation to approve or deny the request. If denied the reason should be stated on an attached sheet with comment.

3. Application is forwarded to the Tuition Assistance Committee for final award consideration. (The committee will consist of three members with the Director of Personnel as the standing member. The two others shall be an employee from the fiscal section and an employee appointed by the Deputy Secretary.)

4. It is the employee's responsibility to inform the educational institution that payment will be made by state check or SOKI interfund, if institution is a member of the State of Kansas Regents system. The invoice should indicate the title of the course(s), the cost, and the name of the student. Invoice information should be sent to:

Kansas Dept. Of Agriculture – Fiscal Office  
Attention: Fiscal Officer  
109 SW 9<sup>th</sup>, 3<sup>rd</sup> Floor  
Topeka, KS 66612  
Telephone(785) 296-3230  
Fax (785) 369-7122

5. The employee may then present a copy of this completed request to the Fiscal Officer as authorization for payment in the amount of: (to be completed by the Fiscal Officer)

\$	Approved for tuition by Fiscal Program	
	Approved for tuition by Supervisor	
	Approved for tuition by Human Resource Director	
	Approved for tuition by Secretary of Agriculture	

6. The employee must return a receipt or appropriate documentation to fiscal providing proof of payment.

KANSAS DEPARTMENT OF AGRICULTURE  
EMPLOYEE TUITION ASSISTANCE  
REIMBURSEMENT AGREEMENT

As a full-time employee of the Kansas Department of Agriculture, I have been granted tuition assistance as follows:

Education Institution: \_\_\_\_\_

Course Title: \_\_\_\_\_ No. Credit Hours: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Tuition Assistance Received: \$\_\_\_\_\_

I agree and understand that I (a) must maintain full-time employment with the department during the time I am taking the course, (b) successfully complete the course by the Course End Date, (c) receive a grade of B or better, (d) provide written documentation to the personnel director within thirty days of the Course End Date showing successful completion of the course and the grade earned, and (e) maintain full-time employment with the department for a period of two years after the Course End Date.

If I fail to finish the course, if conditions set forth above as (a) to (d) are not met, or if I fail to maintain full-time employment for one year after the Course End Date, then I agree to reimburse the department 100% of the Tuition Assistance Received. If I finish the course, if conditions (a) to (d) are met, and if I maintain full-time employment with the department for one year but less than two years after the Course End Date, then I will reimburse the department 50% of the Tuition Assistance Received. Reimbursement or arrangements for reimbursement must be made with the department fiscal office no later than 30 days after the Course End Date. I agree that reimbursement in full shall be made no later than one year from the Course End Date. If reimbursement in full is not made within one year from the Course End Date, then the unpaid amount of Tuition Reimbursement Received will be sent to State of Kansas-Division of Accounts and Reports Set Off Division for debt collection.

I have read this Employee Tuition Assistance Reimbursement Agreement and understand all of its contents.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee